# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGRM

SIGNATURE: LEONARD NICOTRA

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE:	LEONARD NICOTRA			09/05/2015				
	Electronic Signature of Registered Agent			Date				
Authorized Person(s) Detail :								
Title	MGRM	Title	MANAGER					

<u>2015</u>	FLORIDA	LIMITED	LIABILITY	COMPANY	REINSTATEMENT

DOCUMENT# L08000061302

Entity Name: A & T ENTERPRISES OF PALM BEACH LLC.

## **Current Principal Place of Business:**

3538 SW ARMELLINI AVE BAY 5 PALM CITY, FL 34990

## **Current Mailing Address:**

P.O. BOX: 754 PALM CITY, FL 34991

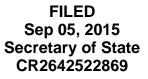
### FEI Number: 37-1568999

#### Name and Address of Current Registered Agent:

NICOTRA, LEONARD 2466 SW LIBERTY STREET PALM CITY, FL 34990 US

MGRM MANAGER Title Name NICOTRA, LEONARD Name NICOTRA, CHRISTINE Address 2466 SW LIBERTY ST. Address 2466 SW LIBERTY STREET City-State-Zip: PALM CITY FL 34990 City-State-Zip: PALM CITY FL 34990

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

09/05/2015

Date